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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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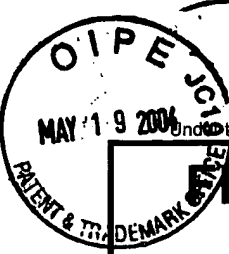
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/663,217																																	
		Filing Date	September 15, 2003																																	
		First Named Inventor	OUYANG, TIANMEI																																	
		Group Art Unit	1641																																	
		Examiner Name	DO, PENSEE T.																																	
Total Number of Pages in This Submission		Attorney Docket Number	LIFE-070DIV																																	
ENCLOSURES (check all that apply)																																				
<table border="0"><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input type="checkbox"/> Amendment / Reply</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td>1) Information Disclosure Statement (1 pg.)</td></tr><tr><td><input checked="" type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> Request for Refund</td><td>2) PTO/SB/08A (1 pg.)</td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Documents</td><td><input type="checkbox"/> CD, Number of CD(s)</td><td>3) 2 Cited References</td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td><td></td><td>4) Return Postcard</td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) Information Disclosure Statement (1 pg.)	<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2) PTO/SB/08A (1 pg.)	<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s)	3) 2 Cited References	<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		4) Return Postcard	<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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Remarks																																				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Signing Attorney/Agent (Reg. No.)	CAROL M. LASALLE (REG. NO. 39,740) BOZICEVIC, FIELD & FRANCIS LLP																																			
Signature																																				
Date	May 19, 2004																																			

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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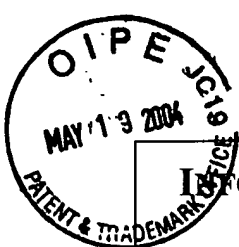
FREE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	10/663,217	
		Filing Date	September 15, 2003	
		First Named Inventor	OUYANG, TIANMEI	
		Examiner Name	DO, PENSEE T.	
		Art Unit	1641	
		Attorney Docket No.	LIFE-070DIV	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT (\$)		180.00		
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field & Francis LLP				
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE		Large Entity Small Entity		
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)				0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Large Entity Small Entity		
Extra Claims	Fee from below	Fee Paid		
Total Claims -20** =	x	=		
Indep. Claims -3** =	x	=		
Multiple Dependent		=		
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				0.00
**or number previously paid, if greater; For Reissues, see above.		Other fee (specify) _____		
		Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		
		180.00		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Carol M. LaSalle	Registration No. (Attorney/Agent)	39,740
Signature		Telephone	(650) 833-7770
		Date	05/19/2004

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**INFORMATION DISCLOSURE
STATEMENT**

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Attorney Docket	LIFE-070DIV
First Named Inventor	OUYANG, TIANMEI
Application Number	10/663,217
Filing Date	September 15, 2003
Group Art Unit	1641
Examiner Name	DO, PENSEE T.
Title:	"DIAGNOSTICS BASED ON TETRAZOLIUM COMPOUNDS"

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. This is being filed *after* three months of the filing date of this national application or the date of entry of the national stage as set forth in §1.491 in an international application or *after* the mailing date of the first Office Action on the merits, whichever event occurred last, but *before* the mailing date of either a final action under §1.113 or a notice of allowance under §1.311, whichever occurs first.

A Form PTO-SB/08A listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

- ☒ All of the references identified herein are being submitted prior to the final determination on patentability by the Office.
- ☐ All of the references identified herein were cited in an International (PCT) Search Report dated *, in a PCT application corresponding to the above-identified U.S. application. A copy of the Search Report, including an indication of the purported relevance of the cited documents, is enclosed herewith. Copies of the references are submitted herewith.
- ☐ All of the references identified herein were disclosed in parent application Serial No. 09/513,071 and, as such, copies thereof are not included pursuant to the provisions of 37 C.F.R. §1.98(d), except if noted below.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.


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Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: 5/19/04

By: 
Carol M. LaSalle
Registration No. 39,740

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